FAIC	NT APPLICATION F Substitute	EE DETERMINA	TION RECORD		Applic	DEPARTMENT C Lays a vold OMB Dockel I	control number
APF	APPLICATION AS FILED - PART I						24
	(Column 1)	(Column's)	SMALL	ENTITY	OR·	OTHER	THAN .
FOR IC FEE	. NUMBER FILED	HUMBER EXTRA	RATE (\$)	FEE (1)			
FR 1.16(a). (b). or (c)) RCH FEE FR 1.16(k). (1). or (m))	<del> </del>					RATE(\$)	FEE (\$)
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L OLAIMS R 1.16(I))	minus 20 •				. [		
ENDENT GLAIMS R 1.10(h))	minus 8 =	4.	- X		OR	х· е	
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	le less than zero, enter "O" t		1.		Ŀ		
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PREBENTATION OF I	MULTIPLE DEPENDENT CLAIM	(ST OFR 1.16(II)	180	- <del></del>	1 2	60	
· •			TOTAL ADD'L FEE	OR OR		AL 'L FEE	
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deni 19(N) Hon Size Fee (37 OF	Minus 184		X =	O.R	×	=	
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-	THE CHIPCHI CLAIM (8			OR .			
ry in column 1 is les	than the entry in column 2,		TOTAL ADD'L FEE	ÓR	TOTAL ADD'L		
hest Number Previous	usly Pald For IN THIS SPAC	CE is less than 20, enter CE is less than 3, enter "3		•		<del></del>	
Information is requis) an application. C	usly Paid For IN THIS SPAC sly Paid For Total or Indepi lied by 37 CFR 1.16. The in ontidentiality is governed by brilling the completed and	normalion is required to	nber found in the appro	Phale box in o	lumn 1.		

ing, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. 12 minutes to complete with the complete complete with the complete complete will vary depending upon the Individual case. Any comments of the Individual case. Any comments of the Individual case. Any comments the Individual case. Any comments of the Ind

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.